

NOV 30 2005

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FROM: Gregory P. Einhorn, Reg. No. 38,440 Date: November 30, 2005

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## Comments:

Attorney Docket: 564462006600  
 Confirmation No.: 8629  
 Group Art Unit: 1656  
 Examiner: K. Kerr  
 Serial No.: 09/751,299  
 Filing Date: December 28, 2000  
 Inventor(s): Mark MADDEN et al.  
 Title: METHODS FOR PRODUCING ALPHA-SUBSTITUTED CARBOXYLIC ACIDS USING NITRILASES AND STRECKER REAGENTS (AMENDED)

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## Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate)
3. Petition for 2-Month Extension of Time (1 page)
4. Notice of Appeal (1 page)

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PTO/SB/21 (09-04)

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FORM

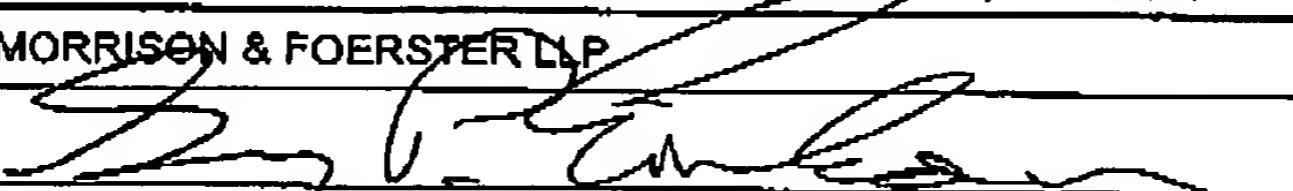
(to be used for all correspondence after initial filing)

|  |   |                        |                   |
|--|---|------------------------|-------------------|
|  |   | Application Number     | 09/751,299        |
|  |   | Filing Date            | December 28, 2000 |
|  |   | First Named Inventor   | Mark MADDEN       |
|  |   | Art Unit               | 1656              |
|  |   | Examiner Name          | K. Kerr           |
| Total Number of Pages In This Submission | 6 | Attorney Docket Number | 564462006600      |

## ENCLOSURES (Check all that apply)

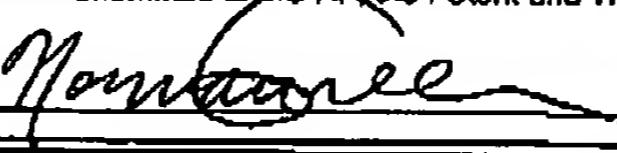
|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate) | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC  |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                         |
| <input type="checkbox"/> Amendment/Reply                                      | <input type="checkbox"/> Petition   | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                            | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page)        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                             |
| <input type="checkbox"/> Express Abandonment Request                          | <input type="checkbox"/> Request for Refund   | Fax Cover Sheet (1 page)  |
| <input type="checkbox"/> Information Disclosure Statement                     | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)               | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application       | <input type="checkbox"/> Remarks  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53     |   |   |
| Customer No. 45975  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Gregory P. Einhom  |          |        |
| Date         | November 30, 2005  | Reg. No. | 38,440 |

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Dated: November 30, 2005

Signature:  (Norman Green)

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 415.00)

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   | 09751,299         |
| Filing Date          | December 28, 2000 |
| First Named Inventor | Mark MADDEN       |
| Examiner Name        | K. Kerr           |
| Art Unit             | 1656              |
| Attorney Docket No.  | 564462006600      |

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number: 03-1952 deposit Account Name: Morrison & Foerster LLP

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| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |  | <u>SEARCH FEES</u> |  | <u>EXAMINATION FEES</u> |  |                       |
|-------------------------|--------------------|--|--------------------|--|-------------------------|--|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u><br><u>Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity</u><br><u>Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity</u><br><u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150                                    | 500                | 250                                    | 200                     | 100                                    |                       |
| Design                  | 200                | 100                                    | 100                | 50                                     | 130                     | 65                                     |                       |
| Plant                   | 200                | 100                                    | 300                | 150                                    | 160                     | 80                                     |                       |
| Reissue                 | 300                | 150                                    | 500                | 250                                    | 600                     | 300                                    |                       |
| Provisional             | 200                | 100                                    | 0                  | 0                                      | 0                       | 0                                      |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

|                 |  |
|-----------------|--|
| <u>Fee (\$)</u> | <u>Small Entity</u><br><u>Fee (\$)</u> |
| 50              | 25                                     |

Each independent claim over 3 (including Reissues)

|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|                     |                     | x               | =                    |

|                                  |                      |
|----------------------------------|----------------------|
| <u>Multiple Dependent Claims</u> |                      |
| <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|                      |                     | x               | =                    |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 =             | /50                 | (round up to a whole number) x                          | =               |                      |

Fees Paid (\$)

|  |
|--|
| <b>4. OTHER FEE(S)</b>   |
| Non-English Specification, \$130 fee (no small entity discount)  |
| Other (e.g., late filing surcharge): 2252 Extension for response within second month (\$225 less \$60 paid for 1-Month Extension on October 31, 2005) 165.00 |
| 2401 Notice of Appeal 250.00   |

**SUBMITTED BY**

|                          |                           |  |                   |                  |                |
|--------------------------|---------------------------|--|-------------------|------------------|----------------|
| <u>Signature</u>         | <u>Gregory P. Einhorn</u> | <u>Registration No.</u><br><u>(Attorney/Agent)</u> | 38,440            | <u>Telephone</u> | (858) 720-5133 |
| <u>Name (Print/Type)</u> | Gregory P. Einhorn        | <u>Date</u>  | November 30, 2005 |                  |                |

sd-291288

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4816).**Fee Transmittal  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 415.00)

**Complete If Known**

|                      |                   |
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| Examiner Name        | K. Kerr           |
| Art Unit             | 1656              |
| Attorney Docket No.  | 584462006600      |

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**Fee Description

|  |                       |          |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues)            | Small Entity Fee (\$) | Fee (\$) |
|  | 50                    | 25       |
| Each independent claim over 3 (including Reissues) | 200                   | 100      |
| Multiple dependent claims                          | 360                   | 180      |

|              |              |          |               |
|--------------|--------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|              |              |          |               |

|                           |          |               |
|---------------------------|----------|---------------|
| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|                           |          |               |

|               |              |          |               |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|               |              |          |               |

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|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|              |              |  |          |               |
| - 100 =      | /50          | (round up to a whole number) x                   | =        |               |

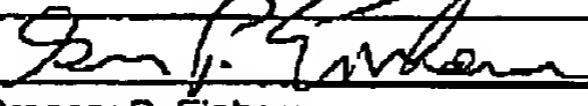
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Other (e.g., late filing surcharge): 2252 Extension for response within second month (\$225 less \$60 paid for 1-Month Extension on October 31, 2005) 165.00

2401 Notice of Appeal 250.00

**SUBMITTED BY**

|                   |  |                                      |        |           |                   |
|-------------------|--|--------------------------------------|--------|-----------|-------------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 38,440 | Telephone | (858) 720-5133    |
| Name (Print/Type) | Gregory P. Einhorn   |                                      |        | Date      | November 30, 2005 |

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